

# ZONING/BUILDING PERMIT APPLICATION

1) PROPERTY LOCATION WHERE THE WORK or PROJECT IS TO BE DONE

 fill in all lines of information then ...sign, print and date

TAX Parcel # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Owner of Property \_\_\_\_\_

**I am the owner** of the property described above and I will allow access to the property for all necessary inspections for compliance of Zoning, Local Laws and Construction Inspections as required by NYCRR Title 19 Part 1203.3 and NYS Uniform Fire Prevention and Building Code for work applied for and approved in this application.

**I agree to assure that valid Proof** of Workers Compensation and Disability Insurance or Exemption will be submitted to the municipality prior to any work being performed on the property.

**If work is not completed by the Expiration Date** of the Zoning/Building Permit I will notify the Code Enforcement Officer and renew the original Zoning/Building Permit or reapply for a new Zoning/Building Permit as necessary.

**I understand when work is completed** the Permit Holder must request a Final Inspection to obtain a Certificate of Compliance or Certificate of Occupancy.

**OWNERS phone #** \_\_\_\_\_

**SIGNATURE** of Owner of property \_\_\_\_\_

**PRINTED** Name of Owner of property \_\_\_\_\_

**DATE** \_\_\_\_\_

2) WORK or PROJECT to be performed

 check all that apply then ...  describe project

- |   |   |
|---|---|
| <input type="checkbox"/> New 1-family dwelling                                      | <input type="checkbox"/> Deck/porch open                  |
| <input type="checkbox"/> New 2-family dwelling                                      | <input type="checkbox"/> Deck/porch enclosed              |
| <input type="checkbox"/> New multi-family dwelling                                  | <input type="checkbox"/> Steps/Stairways/Landings         |
| <input type="checkbox"/> Attached Garage  | <input type="checkbox"/> Wood/Coal/Pellet Stove           |
| <input type="checkbox"/> Detached Garage  | <input type="checkbox"/> Outdoor Boiler                   |
| <input type="checkbox"/> Pole Barn/Accessory Building                               | <input type="checkbox"/> Solar Power System               |
| <input type="checkbox"/> New Agricultural Building                                  | <input type="checkbox"/> Wind Power System                |
| <input type="checkbox"/> New Commercial Building                                    | <input type="checkbox"/> Generator (Standby Power System) |
| <input type="checkbox"/> Alteration to existing building                            | <input type="checkbox"/> Electrical Energy Storage System |
| <input type="checkbox"/> Addition   | <input type="checkbox"/> Sign                             |
| <input type="checkbox"/> Renovation   | <input type="checkbox"/> Fence                            |
| <input type="checkbox"/> Structural Repair  | <input type="checkbox"/> Driveway                         |
| <input type="checkbox"/> System Repair  | <input type="checkbox"/> Demolish Building                |
| <input type="checkbox"/> Door/s   | <input type="checkbox"/> Relocate Building                |
| <input type="checkbox"/> Window/s   | <input type="checkbox"/> Deconstruct Building             |
| <input type="checkbox"/> Siding   | <input type="checkbox"/> Swimming Pool                    |
| <input type="checkbox"/> Re-roofing   | <input type="checkbox"/> Storage/Shipping Container       |
| <input type="checkbox"/> Other described below or add additional pages as necessary |   |

\_\_\_\_\_

- Change of Use of Existing Residential Building or part there of
- Change of Use of Existing Commercial Building or part there of

DO NOT WRITE IN THIS SPACE

APPLICATION RECEIVED

by \_\_\_\_\_ Date \_\_\_\_\_  
Code/Zoning Officer

APPLICATION REVIEWED

by \_\_\_\_\_ Date \_\_\_\_\_  
Code/Zoning Officer

- Application and documents complete
- Application and documents INCOMPLETE
- Notified Applicant Incomplete

by \_\_\_\_\_ Date \_\_\_\_\_

ZONING District \_\_\_\_\_

Property extends into district \_\_\_\_\_

**PRESENT ON PROPERTY** ✓

FLOOD ZONE \_\_\_\_\_ BFE \_\_\_\_\_

PANEL No. \_\_\_\_\_ DATE \_\_\_\_\_

SFHA  All in  Partial  None

Floodway  All in  Partial  None

NYS Wetlands  All in  Partial  None

FED Wetlands  All in  Partial  None

DEC High Water Mark \_\_\_\_\_

OVERHEAD Utility  Unknown  Known

UNDERGROUND Utility  Unknown  Known

**ZONING PERMIT** ✓

Use \_\_\_\_\_ Area \_\_\_\_\_

Approved \_\_\_\_\_ by \_\_\_\_\_ Date \_\_\_\_\_

Disapproved \_\_\_\_\_ by \_\_\_\_\_ Date \_\_\_\_\_

Applicant notified  
disapproved \_\_\_\_\_ by \_\_\_\_\_ Date \_\_\_\_\_

Referred to  
the ZBA \_\_\_\_\_ by \_\_\_\_\_ Date \_\_\_\_\_

Received ZBA  
Decision \_\_\_\_\_ by \_\_\_\_\_ Date \_\_\_\_\_

**ZONING BOARD OF APPEALS**

Application Fee \$ \_\_\_\_\_

Variance Fee \$ \_\_\_\_\_

**BUILDING PERMIT** ✓

Approved \_\_\_\_\_ by \_\_\_\_\_ Date \_\_\_\_\_

Disapproved \_\_\_\_\_ by \_\_\_\_\_ Date \_\_\_\_\_

Applicant notified  
Disapproved \_\_\_\_\_ by \_\_\_\_\_ Date \_\_\_\_\_

**ZONING/BUILDING PERMIT**

Fee \$ \_\_\_\_\_

**ZONING/BUILDING PERMIT**

Permit No. \_\_\_\_\_

Issued on date \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

# ZONING/BUILDING PERMIT APPLICATION

DO NOT WRITE IN THIS SPACE

### 3) WHAT IS THE PROPERTY USED FOR NOW?

✓ *check all that apply*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Residential One Family | <input type="checkbox"/> Residential Two Family | <input type="checkbox"/> Multi-dwelling |
| <input type="checkbox"/> Home Occupation        | <input type="checkbox"/> Vacant Land            | <input type="checkbox"/> Commercial     |
| <input type="checkbox"/> Agricultural/Forestry  | <input type="checkbox"/> Manufacturing          | <input type="checkbox"/> Industrial     |
| <input type="checkbox"/> Recreational           | <input type="checkbox"/> Other _____            |   |

### 4) WHO WILL BE THE PERMIT HOLDER doing the work?

✓ *check ONLY one box and then...✍ fill in all lines of information*

- Company, Business or General Contractor is doing the work as Permit Holder
- Self-Employed Individual is doing the work as Permit Holder
- Homeowner living at the site is doing the work as Permit Holder
- Property owner not living at the site is doing the work as Permit Holder
- Friend/s or Volunteer/s doing the work as Permit Holder

COMPANY or BUSINESS Name \_\_\_\_\_

PERMIT HOLDER (person) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

email \_\_\_\_\_

PHONE Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

### 5) PERMIT HOLDER doing the work Signature, Printed Name and Date

🔍 *read.....✍ sign, print and date*

**As stated above I accept that I will be the PERMIT HOLDER** of this Zoning/Building Permit and understand and agree to call for Construction Inspections of work before it is concealed in accordance with NYCRR Title 19 Part 1203.3, Construction Inspections.

**I agree to assure that valid Proof** of Workers Compensation and Disability Insurance or Exemption will be submitted to the municipality prior to any work being performed on the property.

**As the Permit Holder** of this Zoning/Building Permit when approved and issued I agree to complete the work approved and authorized in this Zoning Building Permit to be in compliance with the with the NYS Uniform Fire Prevention and Building Code, Energy Code, Local Laws, Zoning Laws and Ordinances and all other laws, rules and regulations of all other agencies applicable to this project.

**If the work is not completed within 1 year** I will notify the Code Enforcement Officer and renew the original Zoning/Building Permit or reapply for a new Zoning/Building Permit as necessary. **When approved and authorized work is completed** as the Permit Holder I will request a Final Inspection to obtain a Certificate of Compliance or Certificate of Occupancy to close out this Zoning/Building Permit.

**SIGNATURE** of Permit Holder \_\_\_\_\_

**PRINTED** Name of Permit Holder \_\_\_\_\_

**DATE** \_\_\_\_\_

### PERMIT HOLDER

*NYCRR Title 19 Part 1203.3 (a) Building permits. (5)*

SIGNATURE \_\_\_\_\_  signed  not signed

PRINTED NAME \_\_\_\_\_  printed  not printed

DATED \_\_\_\_\_  dated  not dated

DO NOT WRITE IN THIS SPACE

# ZONING/BUILDING PERMIT APPLICATION

DO NOT WRITE IN THIS SPACE

6) WHO WILL BE doing the work ?

 list all below

**GENERAL CONTRACTOR** doing ALL the work

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
email \_\_\_\_\_  
PHONE Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

**FOUNDATION** Company or Business or Individuals doing the work

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
email \_\_\_\_\_  
PHONE Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

**FRAMING** Company or Business or Individuals doing the work

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
email \_\_\_\_\_  
PHONE Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

**ROOFING** Company or Business or Individuals doing the work

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
email \_\_\_\_\_  
PHONE Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

**ELECTRICAL** Company or Business or Individuals doing the work

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
email \_\_\_\_\_  
PHONE Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

**PLUMBING** Company or Business or Individuals doing the work

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
email \_\_\_\_\_  
PHONE Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

**HVAC** Company or Business or Individuals doing the work

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
email \_\_\_\_\_  
PHONE Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

**INSULATION** Company or Business or Individuals doing the work

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
email \_\_\_\_\_  
PHONE Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

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# ZONING/BUILDING PERMIT APPLICATION

6) continued..... WHO WILL BE doing the work ?

**OTHER WORK** Company or Business or Individuals doing the work

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 email \_\_\_\_\_  
 PHONE Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

**OTHER WORK** Company or Business or Individuals doing the work

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 email \_\_\_\_\_  
 PHONE Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

7) **SUBMIT FORMS** for those required to have Workers Comp and Disability Insurance

**THOSE REQUIRED to have Workers Compensation and Disability Insurance**  
 doing the work shall submit Proof of Coverage with this Application using the  
 forms listed below.... (do not send the ACCORD Form)

Workers Compensation Insurance Forms  
 (submit one)  
 Form C-105.2  
 Form U-26.3  
 Form GSI-105.2  
 Form SI-12

Disability Insurance Forms  
 (submit one)  
 Form DB-120.1  
 Form DB-155

8) **SUBMIT EXEMPTION FORM CE-200** for those not required to have insurance

**THOSE NOT REQUIRED to have Workers Compensation and Disability Insurance**  
 doing the work shall submit Proof of Exemption from Coverage with this  
 Application using the form listed below....

Exemption Form (see last page for help with FORM CE-200)  
 CE-200

*SOME EXAMPLES of those that may be exempt are...*

- 1) Homeowner living at the site doing the work
- 2) Self-Employed Individual doing the work
- 3) Company or Business without employees doing the work
- 4) Friends or Volunteers doing the work

DO NOT WRITE IN THIS SPACE

**General Municipal Law**

§ 125. Issuance of building permits.

**No city, town or village shall issue a building permit without obtaining from the permit applicant either:**

1. proof duly subscribed that workers' compensation insurance and disability benefits coverage issued by an insurance carrier in a form satisfactory to the chair of the workers' compensation board as provided for in section fifty-seven of the workers' compensation law is effective; or

2. an affidavit that such permit applicant has not engaged an employer or an employees as those terms are defined in section two of the workers' compensation law to perform work relating to such building permit.

*Workers Compensation Law, WCL § 57, WCL § 220*

**PROOF OF WORKERS COMPENSATION INSURANCE WCL § 57**

- RECEIVED on date \_\_\_\_\_
- ON FILE as Active and Valid
- NOT RECEIVED
- POLICY PERIOD EXPIRED or about to
- EMPLOYER or Permit Holder notified that Valid Workers Compensation Insurance Proof has not been submitted or on file. *NYS GML §125*

**PROOF OF DISABILITY INSURANCE WCL § 220**

- RECEIVED on date \_\_\_\_\_
- ON FILE as Active and Valid
- NOT RECEIVED
- POLICY PERIOD EXPIRED or about to
- EMPLOYER or Permit Holder notified that Valid Disability Insurance Proof has not been submitted or on file. *NYS GML §125*

**PROOF OF EXEMPTION**

from Workers Compensation and Disability Insurance using form CE-200

- RECEIVED Form CE-200 on date \_\_\_\_\_
- Form CE-200 RECEIVED is VALID
- Form CE-200 RECEIVED is NOT VALID
- Form CE-200 NOT RECEIVED
- INDIVIDUAL or Permit Holder notified that Valid CE-200 EXEMPTION FORM has not been submitted. *NYS GML §125, NYS WCL §220, §57*

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# ZONING/BUILDING PERMIT APPLICATION

9) WHERE ON THE LOT IS THE PROPOSED PROJECT or CONSTRUCTION ?

 draw a site plan and...  fill in all lines of information

*DRAW A SITE LAYOUT or USE SAMPLE BELOW showing proposed Building, Structure, Swimming Pool, Addition, Generator, Solar etc. or any other project requiring a new location on the site.*

Dimensions of proposed Building or Structure are

Length \_\_\_\_\_  
 Width \_\_\_\_\_  
 Height \_\_\_\_\_  
 Square footage \_\_\_\_\_

Building or Structures distance from

Side property line \_\_\_\_\_  
 Side property line \_\_\_\_\_  
 Rear property line \_\_\_\_\_  
 Center of street or road \_\_\_\_\_  
 Street Line or Right of Way \_\_\_\_\_

Proposed Building or Structures distance from

Existing Buildings and Structures  
 (to be shown on drawing)

*SAMPLE is shown below*

DO NOT WRITE IN THIS SPACE

REQUIRED Dimensions of Buildings or Structures

Length \_\_\_\_\_  
 Width \_\_\_\_\_  
 Height \_\_\_\_\_  
 Square footage \_\_\_\_\_

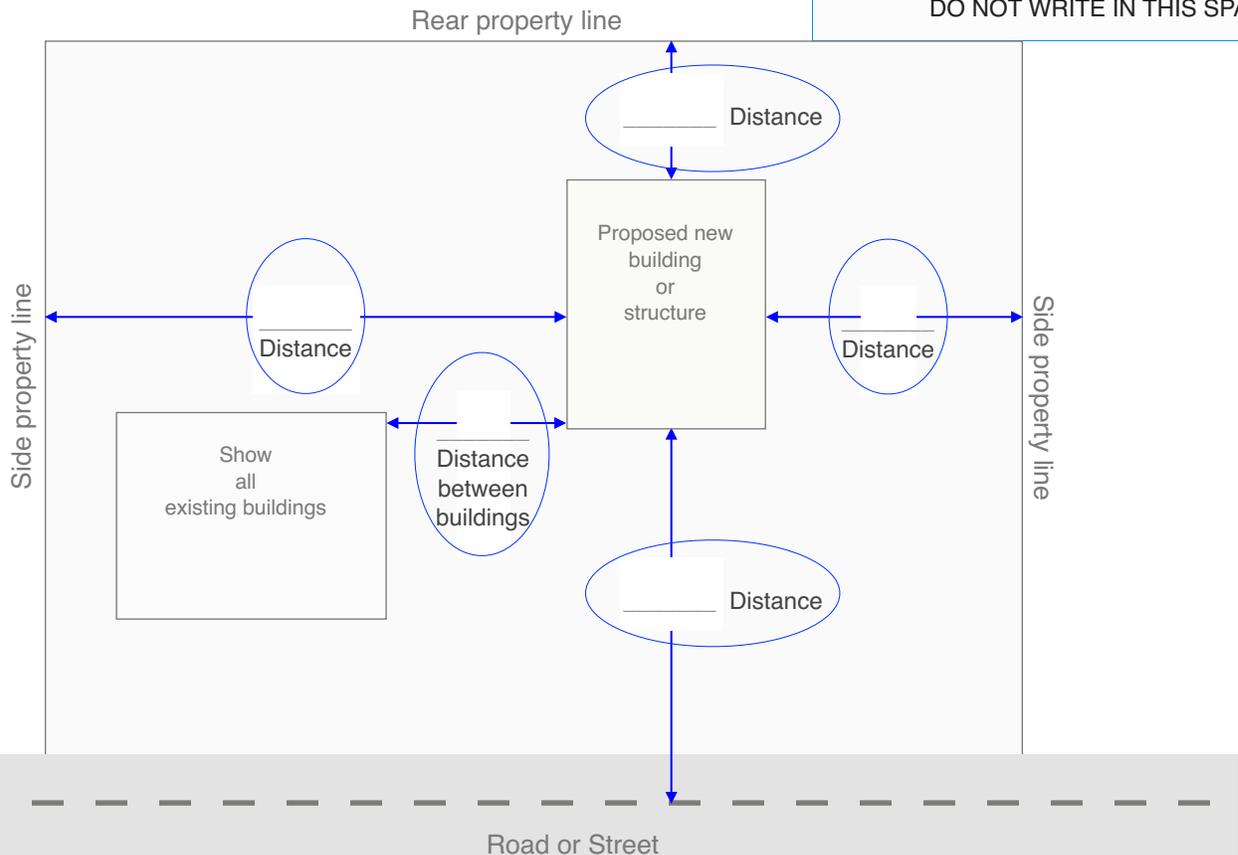
REQUIRED distance from

Side property line \_\_\_\_\_  
 Side property line \_\_\_\_\_  
 Rear property line \_\_\_\_\_  
 Center of street \_\_\_\_\_  
 Street Line or Right of Way \_\_\_\_\_

Proposed Building or Structures distance from

Existing Buildings and Structures \_\_\_\_\_

DO NOT WRITE IN THIS SPACE



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## 10) WHAT WILL THE WORK INVOLVE?

✓ *check all that apply*

- Site work    Excavation    Mechanicals    Foundation  
 Septic    Fill    Framing    Electrical  
 Well    Mining    Plumbing    HVAC

## 11) WHAT IS THE PROJECT COST

 *fill in estimated and actual cost*

Materials                    \$ \_\_\_\_\_  
Labor                        \$ \_\_\_\_\_  
TOTAL project cost        \$ \_\_\_\_\_

*Do not enter \$ 0.00 or No Cost.*

*FREE materials and labor shall be estimated for TOTAL COST*

## 12) DOES THE WORK REQUIRE STAMPED and SIGNED DRAWINGS ?

✓ *check one and  submit drawing, plans and specifications*

**YES**

*if YES ... the project is over 1500 Sq Ft of project area or over \$ 20,000 of project cost and this application shall include Stamped and Signed Plans prepared by a NYS Registered Architect, Engineer, or Design Professional as required showing scope of work to be performed and sufficient detail to determine compliance with the Uniform Code and NYSECCC.*

**SUBMIT  DRAWINGS and PLANS** as follows:

*include with this application Stamped and Signed Plans prepared by a NYS Registered Architect, Engineer, or Design Professional*

**NO**

*if NO .... the project is under 1500 Sq Ft of project area and under \$ 20,000 of project cost and this application shall include attached drawings, plans and specifications showing scope of work to be performed and sufficient detail to determine compliance with the Uniform Code and NYSECCC.*

**SUBMIT  DRAWINGS, PLANS and DETAILS** as follows:

*include with this application Drawings and Plans with sufficient detail for the AHJ to determine Compliance with the NYS Uniform Code, Energy Code, Local Laws and Zoning Laws and Ordinances.*

**NOTE** ..... *Work under 1500 sf and under the \$20,000.00 project cost may still require Stamped and Signed Plans prepared by a NYS Registered Architect, Engineer, or Design Professional*

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## 14) CE-200 FORM Instructions

### **FIRST**

1. Go online

### **NEXT**

2. Search for NYS CE-200

### **NEXT**

3. Top search result should be [www.wcb.ny.gov](http://www.wcb.ny.gov)  
*Click on ...Request Certificate of Attestation of Exemption (CE-200)*

### **NEXT**

4. Scroll down and you will see this ...*Click on it*

ACCESS WEB-BASED EXEMPTION APPLICATION 

### **NEXT**

5. Scroll down and you will see this ... *Click on which applies to you*

Apply Online as Homeowner

Apply Online as Business

### **NEXT**

6. Scroll down and you will see this ... *Click on which applies to you*



You will either ...

*Click the Blue Box to LOG IN to an NY.GOV.ID you have previously created*

OR

*Click the Orange Box to REGISTER for a new NY.GOV.ID*

*(When REGISTERING write down ALL the information you enter exactly)*

### **NEXT**

7. Follow Instructions ... continue to fill out the Online fillable form.

### **NEXT**

8. Finish filling in the information and select option to PRINT the Form CE-200.

### **NEXT**

9. The form you print should be 1 page ONLY. If it's more than 1 page you may have printed the wrong part. *Go back to print CE-200*

### **NEXT**

10. Sign and Date the paper Form CE-200 (make copies for yourself)

### **NEXT**

11. SUBMIT THE ORIGINAL SIGNED and DATED COPY to the Code Enforcement Office in paper form.

Do not send photos or text messages, Original Signed and Dated copy ONLY.

*(make copies for yourself)*

DO NOT WRITE IN THIS SPACE